

**STATE OF GEORGIA  
DEPARTMENT OF REVENUE**

**INSTRUCTIONS FOR COMPLETION OF THE APPLICATION FOR ALCOHOL PERMIT (ATT-15)**

Use this form to obtain a permit for any salesmen, representatives, vehicle drivers or delivery men. Provide a separate application for each applicant.

**TYPE OR PRINT IN INK - DO NOT USE PENCIL**

**INSTRUCTIONS FOR COMPLETING:**

- Line 1            Enter your Georgia State Taxpayer Identifier. (If you do not have one, leave blank).
- Line 2            Enter the name and address under which your business is registered with the Secretary of State. If your business is not registered, then enter the name under which your business owns property or acquires debt. If the business is a partnership, the legal name is the partnership name. In the case of a sole proprietorship, the legal name is the name of the individual owner of the business.
- Line 3            Check the type of permit for which you are applying.
- Lines 4-11        Provide the following information about the applicant:  
                    \* Social Security Number  
                    \* Name of applicant  
                    \* Date of birth  
                    \* Home address  
                    \* Home telephone number  
                    \* Number of years of residency at above address  
                    \* Previous home address
- Line 12           Enter the number of years applicant has been a resident of Georgia.
- Line 13           Enter the number of years applicant has been employed by company identified in Lines 1 and/or 2.
- Line 14           Check "Yes" or "No" in the spaces provided.
- Lines 15-19       If Line 14 is yes, provide the following information for each alcoholic beverage business in which the applicant has an interest (if more than one business, attach additional sheets with the information requested below):  
                    \* State Taxpayer Identifier or business interest  
                    \* Name of business interest  
                    \* Alcohol License Number  
                    \* Business location address  
                    \* Business telephone number
- Line 20           Provide information regarding any previous involvement with government authorities.
- Line 21           Provide the following employment history information:  
                    \* Month and year employed from  
                    \* Name of previous employer  
                    \* Address of previous employer  
                    \* Position applicant held

**INSTRUCTIONS FOR SIGNING:**

This application must be signed by the applicant and duly notarized, by the owner, manager, a partner, an authorized officer, or licensee of the corporation and by the Judge of the Probate Court.

**INSTRUCTIONS FOR PAYMENT:**

There is no registration fee for a salesman, representative, vehicle driver, or delivery man of a licensed wholesaler, importer, or broker of wine or malt beverages or of a licensed winery or brewery. The fee for a resident representative of a registered producer of liquor is \$25.00 per person. The fee for a salesman or representative of a licensed wholesaler of liquor is \$10.00 per person. A check or money order for the appropriate fee must be made payable to the GEORGIA DEPARTMENT OF REVENUE. Georgia law stipulates that taxes and fees shall be paid in lawful money of the U.S. and be free of any expense to Georgia.

Each Resident Representative applicant or Salesman or Representative applicant of a licensed liquor wholesaler must complete and attach a Personnel Statement (ATT-17) and Finger Print Cards (2), along with a check in the amount of \$24.00 made payable to GCIC.

Each Resident Representative must also provide a bond in the amount of \$10,000 using bond form ATT-56.

**INSTRUCTIONS FOR MAILING AND REQUESTING INFORMATION:**

The applicant should retain a copy of this application for his file and for inspection by the Revenue Commissioner or his Agents. Mail the original to the address shown below. If you have any questions or need assistance in completing the application, call (404) 417-4870.

**GEORGIA DEPT OF REVENUE  
ALCOHOL & TOBACCO DIVISION  
P. O. BOX 49728  
ATLANTA, GEORGIA 30359**

**THE PROCESSING OF THIS APPLICATION WILL BE DELAYED UNLESS IT IS PROPERLY SIGNED, COMPLETE INFORMATION FURNISHED, AND APPLICABLE QUESTIONS ANSWERED.**